

1. CIR./DIST./DIV. CODE GUX		2. PERSON REPRESENTED MANGLONA, NORMAN A.		VOUCHER NUMBER																																																																																																													
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 1:06-000056-001	5. APPEALS DKT./DEF. NUMBER		6. OTHER DKT. NUMBER																																																																																																												
7. IN CASE/MATTER OF (Case Name) U.S. v. MANGLONA		8. PAYMENT CATEGORY Felony	9. TYPE PERSON REPRESENTED Adult Defendant		10. REPRESENTATION TYPE (See Instructions) Criminal Case																																																																																																												
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 8 1324.F -- BRINGING IN AND HARBORING ALIENS																																																																																																																	
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS ECUBE, CYNTHIA V. 207 Martyr Street, Suite 3 Hagatna GU 96910 Telephone Number: (671) 472-8889			13. COURT ORDER X O Appointing Counsel F Subs For Federal Defender P Subs For Panel Attorney C Co-Counsel R Subs For Retained Attorney Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ X Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or Other (See Instructions) Leilani R. Toves Hernandez 2/22/2007 Signature of Attorney By Order of the Court KKK60006 11/17/2006 11/16/2006 Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time of appointment. YES X NO																																																																																																														
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)																																																																																																																	
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19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____			20. APPOINTMENT TERMINATION DATE (IF OTHER THAN CASE COMPLETION)		21. CASE DISPOSITION 04																																																																																																												
22. CLAIM STATUS Final Payment Interim Payment Number Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? YES NO If yes, were you paid? YES NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? YES NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____ Date: _____																																																																																																																	
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34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE		34a. JUDGE CODE																																																																																																												